



YOUTH APPLICATION FOR MENTORING INITIATIVE AFTERSCHOOL PROGRAM

Please answer the following questions as completely as possible. This information will help us to match you with the right mentor. (Please print).

Today's date: _____

Name: _____ Male _____ Female _____ (check one)

Village/PO Box: _____ Home Ph: _____ Ethnicity: _____ Grade: _____

Parent/Guardian's Name: _____ Email: _____ Cell Ph: _____
(Person the child lives with)

Employer: _____ Title: _____ Wk Ph: _____

Other Parent/Guardian's Name: _____ Employer: _____

How many brothers and sisters do you have? _____ Their ages are: _____

My favorite kind of music is _____ My favorite TV show is _____

My favorite sport is _____ My favorite book is _____

My best subject in school is _____ My worst subject in school is _____

Do you have any after-school responsibilities? Yes _____ No _____

If yes, what are they? _____

Describe your special interests and hobbies (e.g. sports, arts & crafts, computers, music, reading, cooking, games, career interests, painting, reading etc.)

What clubs or groups do you belong to? _____

What do you like to do most with your free time? _____

How could a mentor help you? _____

What do you hope to get out of your mentoring relationship? _____

Is there anything that you would like to share with your mentor? _____

What would you like to do with your mentor? _____

Why are you interested in participating in this program? _____

PROGRAM AGREEMENT

As the Youth Participant:

- I agree that I will meet with my mentor at the designated school site and/or the Boys and Girls Clubs of American Samoa only at the times and locations arranged between us.
- I agree that I will actively participate in the TAITAITAMA & Boys and Girls Clubs of American Samoa Mentoring Initiative-Afterschool Program and abide by the rules of conduct, attendance and participation.
- I understand that if I have three (3) unexcused absences from the program, I will be replaced by another student on the waiting list.
- I agree to notify my mentor and my Program On-Site Coordinator if I am unable to make a weekly meeting.
- I agree to complete my homework assignments, as assigned by my classroom teacher, before participating in the fitness, recreational and enrichment components of the program.

As the Parent or Guardian of the Youth Participant:

- I agree to support my child's participation in the program and provide my full consent of my child's agreement to participate as listed above.

(Signature of Youth Participant)

(Signature of Parent/Guardian)

(Printed name of Youth Participant)

(Printed name of Parent/Guardian)

REMINDER: ALL APPLICATIONS MUST INCLUDE 1) COMPLETED APPLICATION FOR THE STUDENT 2) SIGNED AGREEMENT BY YOUTH AND PARENT/GUARDIAN 3) SIGNED PARENT/GUARDIAN CONSENT FORM AND 4) A COPY OF YOUR CHILD'S BIRTH CERTIFICATE.

PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Initiative After School Program sponsored by the TAITAITAMA and Boys and Girls Clubs of American Samoa (BGCAS).

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will spend a minimum of two (2) hours per week with my child on-site at the designated school sites for site-based mentoring and/or the Boys & Girls Club. The mentor will not be allowed to take or meet my child beyond the school site or club facility.

I understand that my child will participate in an orientation session at the designated school site in which the program will be explained. The program will last for twenty (20) weeks and continuation may then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating mentors and youth) and family events planned. I understand that the staff of the program will provide ongoing monitoring of the mentoring activities.

I give permission for my child to take part in the organized intramural sports leagues or developmental activities managed by the TAITAITAMA, BGCAS and its agency partners.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants. I am not aware of any medical or other reason why my child should not be allowed to participate on an unlimited basis. In the event of injury, I authorize team or program representatives to secure medical care of my child if I cannot be reached.

I give the Boys & Girls Club Executive Director permission to obtain my child's academic and attendance records from my child's school, regularly as needed, for program and performance evaluation. I give my permission to my child to participate in a survey to measure the effectiveness of the Mentoring Initiative and the Life Skills Training program. This survey will be given at the beginning and ending of the program and will ask questions about tobacco, alcohol, and drug use by my child and his/her knowledge and attitudes concerning alcohol, tobacco and other drug use. I understand that my child's answers to these survey questions are strictly confidential.

I permit the Mentoring Initiative After School Program staff and the BGCAS to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

I waive any claims against the TAITAITAMA, BGCAS, its agents, representatives, coaches, officials, board, staff or volunteers except claims arising from gross negligence or willful acts of the board or its agents that may arise from participation in sports league or club activities.

I agree to provide sports shoes and P.E. clothes (t-shirt and shorts) for my child's use during the afterschool program.

I agree to be responsible for transporting my child from the after school program. If someone else will be authorized to pick up my child, I will sign an authorization form allowing them to do so and submit this form to the Program On Site Coordinator.

(Signature of Parent/Guardian)

(Printed Name of Parent/Guardian)

Date